

**Chairperson**  
*Glenn L. Damato*  
**Trustees**  
*Brian Hamerman*  
*Robert Byrnes*  
*J.T. Lydon*  
*Irene Laracuenta*  
*Donna Orr*  
*James Shields*  
*Michael Papanicolaou*  
*John Stubbs*

**New York State Court Clerks Association**  
**Security Benefits Fund**

170 Duane Street, New York, NY 10013  
 Office: (212) 941-5700 Fax: (212) 941-5705  
 www.nyscourtclerks.org



**Change of Name  
 Notification Form**

|                          |       |                     |          |   |                                     |
|--------------------------|-------|---------------------|----------|---|-------------------------------------|
| Member's Last Name       |       | Member's First Name |          | Member's Social Security No.  |                                     |
| Member's Mailing Address |       |                     | Apt. No. | Member's Date of Birth<br>MM / DD / YY  |                                     |
| City                     | State | Zip                 |          | Active<br><input type="checkbox"/>  | Retired<br><input type="checkbox"/> |
| E-mail Address           |       | Telephone No.       |          | New Name For:<br>Member <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/> |                                     |

|                          |  |                        |       |                        |   |
|--------------------------|--|------------------------|-------|------------------------|---|
| Dependent's Last Name    |  | Dependent's First Name |       | Relationship to Member |   |
| Member's Mailing Address |  | City                   | State | Zip                    | Dependent's Date of Birth<br>MM / DD / YY |

**New Name Information**

|           |            |                        |
|-----------|------------|------------------------|
| Last Name | First Name | Relationship to Member |
|-----------|------------|------------------------|

|   |             |
|---|-------------|
| I certify that the information given is correct |             |
| Member's Signature: _____                       | Date: _____ |

**Please Complete and sign the form. Attach a copy of the name change certificate and return all documents to the Fund Office. Upon receipt, we will give our prompt attention.**

**Mail completed forms to:**

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